

BOOK REVIEW

Health Communication: A Multicultural Perspective. Snehendu B. Kar and Rina Alcalay, with Shana Alex, Thousand Oaks, CA: Sage, 2001, 380 pp., \$37.95 (paperback).

Sandra Crouse Quinn
*Department of Behavioral and
Community Health Sciences
Graduate School of Public Health
University of Pittsburgh*

In 1998, then-President Clinton introduced his initiative, *For One Nation*, which included a commitment to address and eliminate health disparities borne by the poor and by racial and ethnic communities. Immigration from Latin America, Africa, southeast Asia, the Middle East, the former Soviet Union, and eastern bloc countries continues to create a rich mosaic of language and culture in many areas of the United States. The call to eliminate health disparities, and the growing recognition of the critical contribution of the social and cultural environment to health status, is shaping funding initiatives from the National Institutes of Health, the Centers for Disease Control and Prevention (CDC), and other federal agencies. While Healthy People 2010 sets as our national goal to eliminate disparities, there is increasing emphasis on the development of complex, multilevel interventions that have the potential to impact multiple factors contributing to disparities. Health communication is one necessary component of these complex interventions.

In their book, *Health Communication: A Multicultural Perspective*, Snehendu Kar and Rina Alcalay, with the assistance of Shana Alex, discuss the complexities of health communication with today's multicultural communities. They describe the book's primary aim as an effort to "critically review issues and approaches to health communication with special references to public health interventions in

multicultural communities” (p. ix). To do so, they approach communication and health behaviors from the perspective of culture, as opposed to a primary focus on media effects. This seems particularly appropriate given that health communication is certainly broader than mass media, the area in which much research has been conducted with the general population. They also pose three questions to guide the volume: What are the realities of multicultural communities? What are the roles and limitations of mainstream media in these settings? What are the unique forces and factors that determine effective health communication in multicultural communities?

The authors divide the book into three parts, with the first focusing on the major trends and developments in public health, followed by an examination of the theoretical, conceptual, and empirical literature relevant to health communication efforts in multicultural communities. The second section expands our horizons by examining seven case studies of health communication intervention in high-risk populations. However, by so describing the case study population, it suggests the question: Are we to assume multicultural and high risk are synonymous?

In chapter 1, “Changing Health Needs: The Imperative for a Multicultural Paradigm,” Kar, Alcalay, and Alex examine underlying forces that shaped public health. Although they discuss historical forces familiar to professionals, they suggest that a new public health paradigm is increasingly shaped by the recognition of alternative health practices, the use of traditional communication systems, and the impact of modern technology on dissemination of health related information. Kar and Alcalay’s next chapter, the “Emergence of a New Public Health Paradigm in the US,” examines the mission and core functions of public health, ambitiously defining health communication as “a critical domain of public health that includes all process and actions supporting the overall mission and the core functions.” The authors define multiculturalism for us here, describing it as “the conscious practice of recognizing transcultural absolutes which all human beings share but we recognize they come clothed in different forms in different cultures” (p. 30). Therefore, they advocate that multicultural health communication must rest on the fact that other cultures exist with equally valid aspects as the dominant culture, and that health communication must acknowledge that they have particular methods of transmitting values.

In chapter 3, the authors explore the evolution of health communication in the United States, succinctly capturing a number of trends that culminated in health communication’s advance. For those not formally trained in the area, it is a useful synopsis. They conclude the chapter with recommendations that health communication campaigns must have the following components to be successful: include interpersonal education, counseling, and communication; provide social support and endorsement; set the agenda and create public awareness; use behavioral and cognitive modeling; reinforce positive change; advocate for policy and service reform using mass media; practice social marketing and mobilization; develop lead-

ership and empowerment of communities; conduct process and impact evaluation; and support health communication with professionals.

Chapter 4, "A Multicultural Society," lays out a strong justification for multicultural health communication. They postulate that cultural and social processes impact health through knowledge, attitudes, values, beliefs, and practices related to disease etiology, preferred modalities of treatment and prevention, individual responsibility, communication and social relations, and accessibility of services. To determine the interplay of these factors, the authors briefly introduce subjective culture methodology for purposes of formative research; however, it is a lost opportunity to proceed with a thoughtful discussion of the appropriateness and challenges of using particular research methods across cultural groups. Kar and Alcalay go on to distinguish between language competency and cultural competency, describing three levels of cultural understanding, cultural acceptance, and reciprocal relationships, which are described as sustained and trusting relationships. What becomes challenging here is to understand how we help public health professionals to move along this continuum, as it would seem that neither the training or selection models mentioned by the authors would be sufficient. They conclude by acknowledging that cultural competence is a goal for which we must strive, but not before they introduce another continuum of responses to cultural differences. However, they do not articulate the linkage between their purposed three levels and this continuum.

Chapter 5 reviews the theoretical foundation for multicultural communication. Although the authors offer a brief review of theories to impact multiple levels of the socioecological model, they do not raise the question of validity of these theories across cultural groups. Practitioners and researchers began asking that question in earnest in the 1980s and it is certainly an area of inquiry that researchers should examine in a multicultural world. Perhaps in the next edition, they can address that question and consider any alternative models that may contribute to effective health communication activities in multicultural communities.

One challenge of the book is that the authors fall prey to a common conundrum many of us in public health also experience. They fail to distinguish between health promotion, health communication, and health education. In using these terms interchangeably, they run the risk of confusing their reader and, more importantly, failing to provide as focused a discussion of the challenges of health communication in multicultural communities as they might have. The CDC presents a definition of health communication as the study and use of communication strategies to inform and influence individual and community decisions that enhance health (CDC, 2002). Health communication is certainly one strategy in the repertoire of health educators and those who are actively involved in health promotion interventions. This confusion in terms contributes to the challenge in examining the case studies in Part II that include some very specific health communication activities through standard health education tools, such as peer educators. One of the stron-

gest chapters provided an extensive discussion of the design and evaluation of the *California Wellness Guide*.

The book concludes with chapters on evaluation of health communication in multicultural populations and lessons learned for the future. Kar and Alcalay propose a modified cultural evaluation model, and discuss methods and other issues related to appropriate evaluation in multicultural communities. They advocate for the inclusion of cultural competence in process evaluation, and they suggest a domain and hierarchy matrix of communication effects that could go further in distinguishing effects from process evaluation measures. Kar and Alcalay define ten criteria for effective health communication campaigns, which, interestingly enough, are as applicable to any campaign as they are to multicultural communities.

The lack of clarity between health communication, health education, and health promotion in the book contributes to such a broad discussion of examples that we often lose any focus on some of the specific and critical questions that must be addressed in health communication with multicultural communities. For example, when the authors call for formative research, it would be useful to examine whether particular types of formative research methods work better than others with multicultural communities. What do subjective culture approaches offer us and what are their limitations? What do we know about appropriate channels as they differ for cultural groups? How do we prepare health communication specialists to become truly culturally competent? We miss the opportunity to examine some of the promising literature on use of novellas with Latino communities, tailored communication materials within African American churches, and the use of non-traditional media with other groups. Nutbeam (2000) calls for an examination of the role of health education and communication to enhance specific levels of health literacy, an issue that is most definitely applicable to multicultural communities. Finally, our mushrooming use of technology and media demands that we examine the question of knowledge gaps between and within cultural groups in the United States.

The authors posed three questions that this book would address: What are the realities of multicultural communities? What are the roles and limitations of mainstream media in these settings? What are the unique forces and factors that determine effective health communication in multicultural communities? They address some of the realities of multicultural communities, examining a number of factors that may impact on health communication. Although they discuss some of the limitations of mainstream media, they do not offer a sufficient discussion of alternative and traditional media channels such as Black-owned or Spanish language radio and TV stations, among others. However, while it has its limitations, Kar and Alcalay's book emerges as the first book focused on the topic of multicultural communication at a time when we are increasingly aware of the complexities of working in a multiethnic and multicultural world. They begin a necessary discussion of complex challenges and offer guidance for those who seek to develop

health communication campaigns that build upon a thorough understanding of culture and social environment.

REFERENCES

- Centers for Disease Control and Prevention. (2002). The role of health communication in disease prevention and control. Retrieved May 5, 2002 from www.cdc.gov/od/oc/hcom/rolehcomm.html
- Nutbeam, D. (2000). Health literacy as a public health goal: A challenge for contemporary health education and communication strategies in the 21st century. *Health Promotion International*, 15, 259–267.